

<b>ORDER FOR SUPPLIES OR SERVICES</b>										PAGE 1 OF 4		
1. CONTRACT PURCH ORDER/AGREEMENT NO. <div style="border: 1px solid black; padding: 2px;">DAAE20-03-D-0095</div>			2. DELIVERY ORDER/CALL NO. <div style="border: 1px solid black; padding: 2px;">0002</div>		3. DATE OF ORDER/CALL (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">2003OCT09</div>		4. REQUISITION/PURCH REQUEST NO. <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>		5. PRIORITY <div style="border: 1px solid black; padding: 2px;">DXA5</div>			
6. ISSUED BY TACOM-ROCK ISLAND AMSTA-LC-CAC SETA HERNANDEZ (309)782-4737 ROCK ISLAND IL 61299-7630 EMAIL: HERNANDEZS@RIA.ARMY.MIL			CODE <div style="border: 1px solid black; padding: 2px;">W52H09</div>		7. ADMINISTERED BY (If other than 6) <div style="border: 1px solid black; padding: 2px;">DCMA ORLANDO 3555 MAGUIRE BOULEVARD ORLANDO FL 32803-3726</div>			CODE <div style="border: 1px solid black; padding: 2px;">S1002A</div>		8. DELIVERY FOB  <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)</div>		
9. CONTRACTOR  E.R. PRECISION OPTICAL CORP. 505 WEST ROBINSON STREET ORLANDO, FL. 32801			CODE <div style="border: 1px solid black; padding: 2px;">OWU25</div>		FACILITY <div style="border: 1px solid black; padding: 2px;"></div>		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>			11. X IF BUSINESS IS <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED</div>		
NAME AND ADDRESS  TYPE BUSINESS: Other Small Business Performing in U.S.					12. DISCOUNT TERMS <div style="border: 1px solid black; padding: 2px;"></div>			13. MAIL INVOICES TO THE ADDRESS IN BLOCK <div style="border: 1px solid black; padding: 2px;">See Block 15</div>				
14. SHIP TO <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>			CODE <div style="border: 1px solid black; padding: 2px;"></div>		15. PAYMENT WILL BE MADE BY <div style="border: 1px solid black; padding: 2px;">DFAS COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P O BOX 182264 COLUMBUS OH 43218-2264</div>				CODE <div style="border: 1px solid black; padding: 2px;">HQ0338</div>		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2	
16. TYPE OF ORDER <div style="border: 1px solid black; padding: 2px;">DELIVERY/ CALL <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/></div>												
THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.												
Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____. furnish the following on terms specified herein.												
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.												
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> <span>NAME OF CONTRACTOR</span> <span>SIGNATURE</span> <span>TYPED NAME AND TITLE</span> <span>DATE SIGNED (YYYYMMDD)</span> </div> <div style="margin-top: 10px;"><input checked="" type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:</div>												
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>												
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT	
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price  KIND OF CONTRACT: Supply Contracts and Priced Orders										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.						24. UNITED STATES OF AMERICA ROXANNE SPURGETIS /SIGNED/ SPURGETISR@RIA.ARMY.MIL (309)782-4886 BY: _____ CONTRACTING/ORDERING OFFICER				25. TOTAL \$185,000.00		
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____												
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP. NO. <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL</div>		29. D.O. VOUCHER NO.		30. INITIALS		
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS				31. PAYMENT <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL</div>		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.										34. CHECK NUMBER		
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.		
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.		

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE20-03-D-0095/0002 <b>MOD/AMD</b>	<b>Page</b> 2 <b>of</b> 4
<b>Name of Offeror or Contractor:</b> E.R. PRECISION OPTICAL CORP.		

SUPPLEMENTAL INFORMATION

- 1. THIS DELIVERY ORDER (0002) IS FOR THE AWARD OF A QUANTITY OF 50 EACH, WINDOW OPTICAL, P/N: 9376977, NSN:1240-01-218-7328 FOR A UNIT PRICE OF \$3,700.00 FOR A TOTAL OF \$185,000.00.
- 2. DELIVERIES ARE TO BE FOB DESTINATION. THE "SHIP TO" ADDRESS AND DELIVERY DATES CAN BE FOUND IN SECTION B OF THE AWARD.
- 3. THE TOTAL AMOUNT OF THIS DELIVERY ORDER IS \$185,000.00.
- 4. ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

\*\*\* END OF NARRATIVE A 001 \*\*\*

Name of Offeror or Contractor: E.R. PRECISION OPTICAL CORP.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	NSN: 1240-01-218-7328 FSCM: 19200 PART NR: 9376977 SECURITY CLASS: Unclassified				
0001AC	<u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/OV</u>  NOUN: WINDOW,OPTICAL INST PRON: M141A275M1 PRON AMD: 01 ACRN: AA AMS CD: 070011JE  <u>Packaging and Marking</u>  <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC SUPPL <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u> 001 W52H093281H696 W25G1U J 1 <u>DEL REL CD QUANTITY DEL DATE</u> 001 50 07-MAY-2004  FOB POINT: Destination  SHIP TO: <u>PARCEL POST ADDRESS</u> (W25G1U) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001  <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-03-D-0095/0002	50	EA	\$ 3,700.00000	\$ 185,000.00

CONTRACT ADMINISTRATION DATA

PRON/		OBLG		JOB		ACCOUNTING		OBLIGATED
LINE	AMS CD/			ORDER		STATION		AMOUNT
<u>ITEM</u>	<u>MIPR</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>		<u>NUMBER</u>		
0001AC	M141A275M1	AA	2	97	X4930AC6G 6D	26FB S11116	W52H09	\$ 185,000.00
	070011JE							
							TOTAL	\$ 185,000.00
SERVICE				ACCOUNTING		OBLIGATED		
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>		<u>STATION</u>		<u>AMOUNT</u>		
Army	AA	97	X4930AC6G 6D	26FB S11116	W52H09	\$ 185,000.00		
							TOTAL	\$ 185,000.00